

**NOTICE OF APPEAL FROM THE EXAMINER TO  
THE BOARD OF PATENT APPEALS AND INTERFERENCES**

Docket Number (Optional)

PAT051746-US-PCT

I hereby certify pursuant to 37 CFR §1.8 that this correspondence is being transmitted via EFS to the United States Patent and Trademark Office on July 1, 2011

Signature

Typed or printed

name Denise M. Vaillancourt

In re Application of MARIO CONTORNI

Application Number

10/593,007

Filed

December 2, 2008

For COMBINATION VACCINES WITH LOW DOSE OF HIB  
CONJUGATE

Art Unit

1648

Examiner

Li, Bao Q.

Applicant hereby **appeals** to the Board of Patent Appeals and Interferences from the last decision of the examiner.

The fee for this Notice of Appeal is (37 CFR 41.20(b)(1))

\$ 540

- ☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ \_\_\_\_\_
- ☐ A check in the amount of the fee is enclosed.
- ☒ Payment by credit card.
- ☐ The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.
- ☒ The Director is hereby authorized to charge any **additional** fees which may be required, or credit any overpayment to Deposit Account No. 18-1648.
- ☒ A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

I am the

- ☐ applicant/inventor.
- ☐ assignee of record of the entire interest.  
See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed.  
(Form PTO/SB/96)
- ☒ attorney or agent of record.  
Registration number 33,208
- ☐ attorney or agent acting under 37 CFR 1.34.  
Registration number if acting under 37 CFR 1.34. \_\_\_\_\_

Signature

Roberta L. Robins

Typed or printed name

650-493-3400

Telephone number

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 1 forms are submitted.